REPORT AS TO CERTIFICATION OF COMMITMENT

*This section is to be completed by the physician or psychologist completing the **Certificate to Accompany Application for Involuntary Admission** (DHMH #2). Attach a copy of this form to ONE certificate.*

I, the undersigned ☐ physician ☐ psychologist have, on ____/____/20___, examined

_____, and find that:
Patient's Name

1. This individual suffers from the following mental disorder with the most current DSM diagnosis of: _____(Axis I non-substance abuse as primary focus of treatment.)

2. The patient is in need of institutional inpatient care or treatment because _____
_____
_____

3. The patient presents a danger to his/her own life or the life or safety of others because
_____
_____

4. The patient is ☐ unable or ☐ unwilling to be voluntarily admitted as evidenced by _____
_____

5. There is no less restrictive alternative than inpatient psychiatric care available for the patient, which is consistent with welfare and safety, in that _____
_____

6. **STATE HOSPITALS ONLY:** For patients 65 years of age or older, the patient has been evaluated by the Adult Evaluation Referral Service, and no less restrictive intervention has been determined by that team to be appropriate for the patient:

   AERS evaluation was completed by: _____ on ___/___/20___.
   Name of AERS team member

_____ _____
Certifying Physician's/Psychologist's Signature Printed/Typed Name